

☐ Days: \_\_\_\_\_

☐ Start Date: \_\_\_\_\_

## Prime Time Afterschool Program @ Crocker Farm Enrollment Form

### ☐ Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Home Address(es): \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### ☐ Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____ _____	Home Address: _____ _____
Cellphone Number: _____	Cellphone Number: _____
Email Address: _____	Email Address: _____
Place of Work: _____	Place of Work: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

### ☐ Healthcare Information

Child's Physician: \_\_\_\_\_ Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

**Chronic health condition? If yes, please fill out the Individual Healthcare Plan form.**

Special limitations or concerns?    Yes    No    If yes please explain: \_\_\_\_\_

Individual Education Plan (IEP)?    Yes    No

**Please provide documentation of physical examination and immunizations in accordance with public health requirements, and lead poisoning screening in accordance with public health requirements with this enrollment form.**

*I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child by ambulance to the nearest medical care facility and secure necessary medical treatment.*

☐ Parent/Guardian Signature: \_\_\_\_\_

☐ Child's Name: \_\_\_\_\_

☐ **Additional Emergency Contacts**

Name 1: \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Release child to? (yes/no) \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

☐ **Transportation Plan**

Program Arrival:  
Parent Drop-Off \_\_\_\_\_  
From Classroom \_\_\_\_\_  
Bus/Van \_\_\_\_\_  
Other: \_\_\_\_\_

Program Departure:  
Parent Pick-Up \_\_\_\_\_  
Unsupervised Walk (**additional permission slip required**) \_\_\_\_\_  
Bus/Van \_\_\_\_\_  
Other: \_\_\_\_\_

☐ **I give permission to the following people to pick my child up from the program:**

***First time pick-ups should bring photo ID.***

***Please provide a copy of any agreement or legal order pertaining to child pick-up.***

Name: \_\_\_\_\_ Anytime Person Shows Up \_\_\_\_\_

Only When I Call Ahead of Time \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Anytime Person Shows Up \_\_\_\_\_

Only When I Call Ahead of Time \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Anytime Person Shows Up \_\_\_\_\_

Only When I Call Ahead of Time \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

☐ Child's Name: \_\_\_\_\_

☐ Photo Release:

Yes \_\_\_\_ No \_\_\_\_ : *Include my child in video, film, or photos of program activities for the purpose of publicity, promotion, fundraising events, educational materials, and warm fuzzy moments.*

☐ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Release of Information:

I \_\_\_\_\_, give permission to **Prime Time After School Staff** to share and exchange  
(parent/guardian name)

information with Crocker Farm School Staff regarding my child(ren) \_\_\_\_\_ for the purpose  
(child(ren) name/s)

of providing assistance to my child(ren). This may include sharing information about a disability. \_\_\_\_\_ *(initial)*

☐ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:**

☐ Child's Name: \_\_\_\_\_

Mondays, Tuesdays, Wednesdays, Thursdays, Fridays- 3:15-5:30; Full-time (5 days a week)

Number of Days a Week (Section)

1 day a wk (M,T,W,H,F) \$68.00 Monthly Rate

Full time (Mon.-Fri.) \$306.00 Monthly Rate

Fees are billed in advance on a monthly basis.

Please return to: LSSE, 170 Chestnut St., Suite 1, Amherst, MA 01002

For more information please call 413-259-3065

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**Payment**

Cash \_\_\_\_\_

Check (made payable to the Town of Amherst) \_\_\_\_\_

Credit Card Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you'd like us to automatically charge your credit card monthly, please check here: \_\_\_\_\_

What month would you like Auto-Pay to start: \_\_\_\_\_